

HUNTINGDONSHIRE
COUNTY COUNCIL

WITH THE COMPLAINTS OF THE
COUNTY MEDICAL OFFICER FOR HUNTINGDONSHIRE

Annual Report

OF THE

COUNTY MEDICAL OFFICER

UPON THE

HEALTH AND SANITARY CONDITION

OF THE

COUNTY OF HUNTINGDON

FOR THE YEAR

1920

C. B. MOSS-BLUNDELL, M.D., D.P.H.,

County Medical Officer of Health,

School Medical Officer and Tuberculosis Officer.

PRINTED BY PAPWORTH INDUSTRIES CAMBRIDGE.

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County Medical Officer of Health :

C. B. MOSS-BLUNDELL, M.D., D.P.H.

Telephone :—Huntingdon, 109.

Deputy School Medical Officer : DR. J. C. HARGRAVE.

DR. J. C. HARGRAVE, Resigned February 28th.

DR. J. R. DALTON, Appointed June 1st—Resigned September 1st.

DR. JANE MARSH, Appointed September 1st.

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MRS. E. C. ARCHER.	MISS GLADYS THACKRAY.
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TO THE
CHAIRMAN, ALDERMEN & COUNCILLORS
OF THE
HUNTINGDONSHIRE COUNTY COUNCIL.

My Lords, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health and Sanitary Condition of the County of Huntingdon for the year 1920 compiled from information obtained by the Staff of the County Health Department and from the various reports submitted by the Medical Officers of Health of the several Sanitary Authorities within the County.

I have the honour to remain,

Your obediant servant,

C. B. MOSS-BLUNDELL.

POPULATION.

The figures of deaths, births and population have been supplied by the Registrar General and are those on which this report has to be framed and are as follows :—

	ESTIMATED 1920.	CENSUS 1911.
Urban Districts	23,918.	23,655.
Rural Districts	29,858.	31,928.
Administrative County	53,778.	55,583.

BIRTH-RATE.

The total number of births registered was 1,289, with a birth-rate of 23·9 compared with 15·1 in 1919 and 15·4 in 1918.

The numbers of legitimate and illegitimate births and deaths are shewn in table appended.

DISTRICTS.	NETT BIRTHS		NETT DEATHS. Under 1 Year.	
	Legitimate.	Illegitimate.	Legitimate.	Illegitimate.
<i>Urban—</i>				
Godmanchester	50	6	1	...
Huntingdon	80	3	2	1
Old Fletton	144	14	13	1
Ramsey	120	13	8	1
St. Ives ...	53	2	4	1
St. Neots	88	9	3	...
	535	47	31	4
<i>Rural---</i>				
Huntingdon	160	14	13	...
St. Ives ...	194	11	16	3
St. Neots	135	8	13	...
Norman Cross	123	12	8	...
Stibbington	7	1	...	...
Oundle ...	16	4	2	...
Thrapston	20	2	1	...
	655	52	53	3
Total of whole County	1,190	99	84	7

The ratio of illegitimate to total births thus shown is 90·7 per 1000. In 1919 the ratio was 54·0 and in 1914 was 53 per 1000.

DEATH RATE.

There were 704 deaths altogether registered belonging to the County. This number includes those deaths which took place outside the County, and excludes "non-residents," i.e., those which took place in the County of persons not belonging to the District.

The death-rate was 13·09 per 1000, compared with 14·2 in 1919.

In the Urban Districts 298 deaths were registered with a death-rate of 12·04 per 1000; and in the Rural Districts 406 deaths were registered making a death-rate of 13·5 per 1000.

The principal causes of death were diseases of the respiratory and circulatory systems and cancer (see Table III).

The following Table shows a comparison of the County with the rest of England and Wales;—

	Estimated Population.	Birth- rate.	Death-rate.	Infant Mortality.
HUNTINGDONSHIRE	51·715	13·9	13·09	70·6
England and Wales		25·4	12·4	80

THE INFANT MORTALITY RATE means the number of children who die under the age of one year in proportion to the number of births.

In 1920 there were 91 infant deaths and in 1919 the number was 73, making a rate of infant mortality per 1000 births 70·6, as against 84·3 in 1919.

SANITARY CIRCUMSTANCES.

HOSPITAL ACCOMMODATION

13 Open Air Shelters are in use and 16 beds are retained at Papworth for men, 8 for early and 8 for advanced cases.

FOOD SUPPLY.

There is no information on the Food Supply except that of the result of Analysis furnished by the Chief Constable, viz :—

FOOD AND DRUGS ACT.

The administration of this Act is in the hands of the police.

A summary of the report of the Public Analyst, Mr. J. West Knights, is as follows :—

59 samples of milk were taken of which 3 were deficient, viz 5.0%

During the	1st. quarter	43	samples were taken and	4	found deficient
„	2nd. „	9	„ „	2	„
„	3rd. „	0	„ „	0	„
„	4th. „	15	„ „	1	„
		<hr/> 67		<hr/> 7	

INFECTIOUS DISEASES.

Details are found in Table II and IIa.

The year has been marked by a great increase in the number of cases of diphtheria. There were 276 cases.

SCARLET FEVER.—80 cases against 56 in 1919.

INFLUENZA. There were 6 deaths in the whole County (as against 34 in 1919).

MIDWIVES ACT.

During the year 1920 the system of surprise visits was continued by the County Medical Officer of Health.

The names of 23 women practising in the County were on the register; 16 were trained midwives and 7 were bona fides. Of the 16 trained, 11 worked in connection with Nursing Associations and 5 were in private practice.

Of the 7 bona fide, 4 were in active practice, and 3 obliged neighbours occasionally.

244 births were attended by Midwives.

1,044	„	„	„	Doctors.
8	„	„	„	Handy-women.

51 notifications for sending for medical help, were received for midwives.

NOTIFICATION OF BIRTHS EXTENSION ACT, 1915.

Of the 1,296 births registered.

244 were notified by midwives.

24 „ „ parents.

961 „ „ doctors.

67 „ „ registrars only.

26 infants were still-born.

VENEREAL DISEASE,

The total number of Huntingdonshire patients treated at the Cambridge Centre was as follows :—

Number of New Patients	...	...	21.
In-Patients, Days in Ward	...	...	98.
Total number of attendances	...	...	355.
Salvarson injections	...	...	173.

TABLE I.
VITAL STATISTICS FOR THE YEAR 1920.

URBAN DISTRICTS.

DISTRICTS.	Estimated "civil" population to middle of 1916.	BIRTHS, NETT.		NETT DEATHS, Belonging to the District.			
		Number.	Rate.	Under 1 Year of Age		At all Ages.	
				Number.	Rate per 1000 Nett Births. 6.	Number.	Rate.
1.	2.	3.	4.	5.	6.	7.	8.
Godmanchester	2094	56	26·7	1	17·8	33	15·7
Huntingdon ...	4201	83	19·7	3	36·1	49	11·6
Old Fletton ...	5014	158	31·5	14	88·6	60	11·9
Ramsey	5425	138	24·5	9	67·6	74	13·6
St. Ives	2985	55	18·4	5	90·9	40	13·4
St. Neots ...	4199	97	23·1	3	30·9	42	10·0
Totals ...	2,3918	582	24·3	35	60·1	298	12·04

RURAL DISTRICTS.

Huntingdon	6448	174	26·9	13	74·7	85	13·1
St. Ives	9470	205	21·6	19	92·1	135	13·2
St. Neots	6770	143	21·2	13	90·9	98	14·4
Norman Cross	4922	135	27·4	8	59·2	66	13·4
Stibbington ...	420	8	19·2	...	...	5	11·8
Oundle	1013	20	19·6	2	100·	11	10·8
Thrapston	815	22	26·	1	45·4	6	7·3
Totals	29858	707	23·6	56	79·2	406	13·5

TOTALS FOR THE COUNTY.

Whole County	53776	1289	23·9	91	70·6	704	13·09
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TABLE II.

Cases of Infectious Diseases notified during the Year 1920.

URBAN DISTRICTS.

NOTIFIABLE DISEASES.	Total Cases Notified in each Locality.							Number of Cases Removed to Hospital from each District.					
	At all ages	Godmanchester	Huntingdon	Old Fletton	Ramsey	St. Ives	St. Neots	Godmanchester	Huntingdon	Old Fletton	Ramsey	St. Ives	St. Neots
Diphtheria ...	191	22	33	5	62	57	12		36		43	64	
Erysipelas ...	11	...	1	5	2	...	3		4				
Scarlet Fever	29	...	4	23	...	...	2			1			
Enteric Fever	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...
Cerebro-spinal Meningitis ...	1	...	...	...	1	...	...				
Ophthalmia Neonatorum ...	4	1	1	1	...	...	1						
Pulmonary Tuberculosis ...	35	8	10	4	2	5	6						
Other forms of Tuberculosis ...	10	...	1	3	3	...	3						
Malaria ...	3	...	...	2	...	...	1						
Encephalitis Lethargica ...	...	...	...	...	...	...	...
Pneumonia and Influenza ...	40	2	1	21	6	1	9						
Totals ...	324	33	51	64	76	63	37		40	1	43	64	

TABLE II.

Cases of Infectious Diseases notified during the Year 1920.

RURAL DISTRICTS.

NOTIFIABLE DISEASES.	Total Cases Notified in each Locality.								Number of Cases Removed to Hospital from each District.						
	At all ages	Huntingdon	St. Ives	St. Neots	Norman Cross	Stibbington	Oundle	Thrapston	Huntingdon	St. Ives	St. Neots	Norman Cross	Stibbington	Oundle	Thrapston
Diphtheria ...	85	31	40	11	2	1	...	...	16	39					
Erysipelas ...	13	...	5	3	5	...	...	...				
Scarlet Fever	51	21	2	19	...	7	1	1	14	2					
Enteric Fever	...	...	...	...	...	...	...	...
Puerperal Fever	3	...	2	...	1	...	...	...				
Cerebro-spinal Meningitis ...	1	...	1	...	...	...	...	...		
Ophthalmia Neonatorum ...	5	2	1	...	2	...	...	...				
Pulmonary Tuberculosis ...	41	3	13	3	17	1	4	...							
Other forms of Tuberculosis ...	20	...	15	2	3	...	...	...				
Malaria ...	6	1	4	...	1	...	...	...				
Encephalitis Lethargica ...	2	...	1	...	...	...	1	...							
Pneumonia and Influenza ...	29	4	3	2	14	...	6	...							
Totals ...	256	62	87	40	45	9	12	1	30	41					

TOTAL OF NOTIFIED CASES FOR WHOLE COUNTY

Diphtheria.	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Meningitis.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Pneumonia and Influenza.	Encephalitis.	Total.
276	24	80	...	3	2	9	76	30	9	69	2	580

TABLE II. A.

NOTIFICATION OF INFECTIOUS DISEASE AND ATTACK RATES, 1920.

	Estimated Civil Populations in the middle of 1920.	Scarlet Fever.		Diphtheria		Enteric Fever.		Puerperal Fever.		Erysipelas.	
		Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.
ADMINISTRATIVE COUNTY	53,776	87	1.62	280	5.21	1	0.02	3	0.06	22	0.41
AGGREGATE OF BOROUGHES AND URBAN DISTRICTS. ...	23,918	30	1.25	194	8.11	...	...	...	...	10	0.42
AGGREGATE OF RURAL DISTRICTS. ...	29,858	57	1.91	86	2.88	1	0.03	3	0.10	12	0.40
BOROUGHES AND URBAN DISTRICTS :—											
Godmanchester ...	2,094	...	...	15	7.16	...	...	...	...	...	...
Huntingdon ...	4,201	4	0.95	37	8.81	...	...	...	...	1	0.24
Old Fletton ...	5,014	21	4.19	6	1.20	...	...	...	...	4	0.80
Ramsey ...	5,425	3	0.55	65	11.98	...	...	...	...	2	0.37
St. Ives ...	2,985	...	...	56	18.76	...	...	...	...	...	...
St. Neots ...	4,199	2	0.48	15	3.57	...	...	...	...	3	0.71
RURAL DISTRICTS :—											
Huntingdon ...	6,448	27	4.19	31	4.81	...	...	...	...	...	...
Norman Cross ...	4,922	...	...	2	0.41	...	...	1	0.20	5	1.02
†Oundle (part of) ...	1,013	1	0.99	...	...	1	0.99	...	...	...	...
St. Ives ...	9,470	2	0.21	45	4.75	...	...	2	0.21	4	0.42
St. Neots ...	6,770	18	2.66	7	1.03	...	...	...	...	3	0.44
†Stibbington (parish) ...	420	8	19.05	1	2.38	...	...	...	...	...	...
†Thrapston (part of) ...	815	1	1.23	...	...	...	...	...	...	...	...

† The remaining parts of the Rural Districts of Oundle and Thrapston are in the Administrative County of Northampton.

‡ This parish is administered by the Rural District Council of Barnack (Stoke of Peterborough)

TABLE III.

URBAN DISTRICTS.

Causes of and Ages at Death during the Year 1920.

CAUSES OF DEATH.	Deaths in or belonging to whole Districts at subjoined ages.								Deaths in or belonging to Localities (all ages).						Total Deaths in Public Institutions in the District.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Godmanchester	Huntingdon	Old Fletton	Ramsey	St. Ives	St. Neots	
1 Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 Small Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4 Scarlet Fever ...	1	—	—	1	—	—	—	—	—	—	—	1	—	—	—
5 Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6 Diphtheria and Croup	13	1	5	7	—	—	—	—	1	2	—	3	5	2	—
7 Influenza ...	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—
8 Erysipelas ...	1	—	—	1	—	—	—	—	—	—	1	—	—	—	—
9 Phthisis Pulmonary Tuberculosis ...	16	—	—	—	6	6	1	3	—	3	5	4	1	3	—
10 Tuberculous Meningitis...	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—
11 Other Tuberculous Diseases ...	10	—	—	—	5	3	1	1	2	3	2	3	—	—	—
12 Cancer, malig. dis,...	24	—	—	—	—	2	12	10	1	2	6	5	4	6	—
13 Rheumatic Fever ...	2	—	—	—	—	—	1	1	2	—	—	—	—	—	—
14 Meningitis ...	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—
15 Organic Heart Disease	36	—	—	—	1	3	10	22	3	6	7	10	6	4	—
16 Bronchitis ...	18	1	2	—	—	1	2	12	2	3	3	5	2	3	—
17 Pneumonia (all forms	14	3	1	1	—	4	1	4	—	—	7	3	2	2	—
18 Other diseases of respirat'y organs ...	7	—	1	—	—	—	4	2	—	—	—	4	1	2	—
19 Diarrhœa and Enteritis ...	2	2	—	—	—	—	—	—	—	—	2	—	—	—	—
20 Appendicitis and Typhlitis ...	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—
21 Cirrhosis of liver ...	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—
21a. Alcoholism ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22 Nephritis and Bright's disease ...	9	—	—	—	—	3	3	3	1	2	—	3	1	2	—
23 Puerperal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24 Other accidents and diseases of Pregnancy and Parturition ...	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—
25 Congenital Debility and Malformation including Premature Birth...	19	19	—	—	—	—	—	—	1	1	6	5	3	3	—
26 Violent deaths excluding suicide ...	11	—	—	1	3	2	4	1	3	1	1	3	1	2	—
27 Suicide ...	4	—	—	—	—	—	3	1	—	1	1	2	—	—	—
28 Other defined Diseases	104	—	6	1	2	7	19	69	19	20	18	21	13	13	—
29 Diseases ill-defined or unknown ...	1	—	—	1	—	—	—	—	—	—	—	—	1	—	—
TOTALS ...	298	26	15	13	20	33	61	130	35	47	60	74	40	42	—

TABLE III.

RURAL DISTRICTS.

Causes of and Ages at Death during the Year 1920.

CAUSES OF DEATH.	Deaths in or belonging to whole Districts at subjoined ages.								Deaths in or belonging to Localities (all ages).							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Huntingdon	St. Ives	St. Neots	Norman Cross	Stibbington	Oundle	Thrapston	
1 Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 Small Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Measles ...	3	—	1	2	—	—	—	—	—	1	1	1	—	—	—	—
4 Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping Cough ...	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
6 Diphtheria and Croup	4	—	1	2	1	—	—	—	2	2	—	—	—	—	—	—
7 Influenza ...	5	—	—	—	—	2	2	1	—	3	2	—	—	—	—	—
8 Erysipelas ...	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
9 Phthisis Pulmonary Tuberculosis ...	25	1	—	3	8	8	4	1	8	8	4	5	—	—	—	—
10 Tuberculous Meningitis...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11 Other Tuberculous Diseases ...	5	—	—	—	1	2	1	1	1	1	2	1	—	—	—	—
12 Cancer, malign. dis,...	56	—	—	—	1	3	25	27	9	20	12	11	1	2	1	—
13 Rheumatic Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14 Meningitis ...	2	1	—	—	—	—	1	—	1	1	—	—	—	—	—	—
15 Organic Heart Disease	57	—	—	—	—	2	12	43	16	14	17	10	—	—	—	—
16 Bronchitis ...	25	6	—	1	—	—	1	1	6	12	6	1	—	—	—	—
17 Pneumonia (all forms)	9	2	3	—	—	—	—	4	3	2	2	2	—	—	—	—
18 Other diseases of respirat'y organs ...	2	—	—	—	—	—	1	1	—	1	1	—	—	—	—	—
19 Diarrhœa and Enteritis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20 Appendicitis and Typhlitis ...	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—
21 Cirrhosis of liver ...	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—
21a. Alcoholism ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22 Nephritis and Bright's disease ...	6	—	—	—	—	—	2	4	1	2	2	1	—	—	—	—
23 Puerperal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24 Other accidents and diseases of Pregnancy and Parturition ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25 Congenital Debility and Malformation including Premature Birth...	33	31	1	—	1	—	—	—	8	10	9	4	—	2	—	—
26 Violent deaths excluding suicide ...	7	—	1	—	—	—	3	3	—	2	2	2	—	—	1	—
27 Suicide ...	2	—	—	—	—	—	1	1	1	—	—	1	—	—	—	—
28 Other defined Diseases	159	11	—	1	1	8	26	112	29	54	38	25	4	6	3	—
29 Diseases ill-defined or unknown ...	2	—	—	—	—	—	1	1	—	—	—	—	1	1	—	—
TOTALS ...	406	53	7	9	13	25	81	218	85	135	98	66	6	11	5	—

TABLE III.
WHOLE COUNTY.
 Causes of, and Ages at Death during the Year 1920.

CAUSES OF DEATH.			All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Total Deaths in Public Institutions in the District.
1.	Enteric Fever ...	...	...	...	...	...	...	...	...	...	...
2.	Small-Pox ...	...	...	...	...	...	...	...	...	...	...
3.	Measles ...	...	3	...	1	2	...	...	...	...	...
4.	Scarlet Fever ...	...	1	...	...	1	...	...	...	...	...
5.	Whooping Cough ...	...	1	1	...	...	...	...	...	...	...
6.	Diphtheria and Croup ...	...	17	1	6	9	1	...	...	...	...
7.	Influenza ...	...	6	...	...	...	...	3	2	1	...
8.	Erysipelas ...	...	2	...	...	1	...	...	...	1	...
9.	Phthisis (Pulmonary Tuberculosis ...	...	41	1	...	3	14	14	5	4	...
10.	Tuberculous Meningitis...	...	1	...	...	...	1	...	...	...	...
11.	Other Tuberculous Dis.	...	15	...	...	...	6	5	2	2	...
12.	Cancer, malignant Dis...	...	80	...	...	...	1	5	37	37	...
13.	Rheumatic Fever ...	...	2	...	...	...	...	...	1	1	...
14.	Meningitis ...	...	3	1	...	1	...	...	1	...	...
15.	Organic Heart Disease...	...	93	...	...	...	1	5	22	65	...
16.	Bronchitis ...	...	43	7	2	1	...	1	3	29	...
17.	Pneumonia (all forms) ...	...	23	5	4	1	...	4	1	8	...
18.	Other diseases of respiratory organs...	...	9	...	1	...	...	...	5	3	...
19.	Diarrhoea & Enteritis ...	...	2	2	...	...	...	...	...	...	...
20.	Appendicitis & Typhlitis	...	2	...	...	...	1	...	1	...	...
21.	Cirrhosis of liver ...	...	2	...	...	...	...	...	...	2	...
21a.	Alcoholism ...	...	...	...	...	...	...	...	...	...	...
22.	Nephritis and Bright's Disease ...	...	15	...	...	...	...	3	5	7	...
23.	Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...
24.	Other accidents & diseases of Pregnancy and Parturition ...	...	1	...	...	...	...	1	...	...	...
25.	Congenital Debility and Malformation, including Premature Birth ...	...	52	50	1	...	1	...	...	...	...
26.	Violent Deaths excluding suicide ...	...	18	...	1	1	3	2	7	4	...
27.	Suicide. ...	...	6	...	...	...	...	...	4	2	...
28.	Other defined diseases ...	...	263	11	6	2	3	15	45	181	...
29.	Diseases ill-defined or unknown ...	...	3	...	1	...	...	...	1	1	...
TOTALS ...			704	79	23	22	32	58	142	348	...

TABLE A.
PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM THE 29TH DECEMBER, 1919
TO THE 3RD JANUARY, 1921. IN THE COUNTY OF HUNTINGDON.

Notification on Form A.														Notifications on Form B.				Number of Notifications on Form C.		
Age Periods.	Number of Primary Notifications,											Total Notifications on Form A.	Number of Primary Notifications.			Total Notifications on Form B.	Poor Law Institution.	Sanatoria.		
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.		Under 5	5 to 10	10 to 15				Total Primary Notifications.	
Pulmonary Males.....	...	...	2	...	8	4	4	3	...	...	...	21	21	1	3	6	10	10	...	9
„ Females	1	...	3	4	4	4	12	4	4	...	4	40	40	1	7	13	21	21	...	4
Total.....	1	...	5	4	12	8	16	7	4	...	4	61	61	2	10	19	31	31	...	13
Non-Pulmonary Males ...	...	1	2	3	...	2	...	1	1	1	...	11	11	...	...	...	...	...	...	...
„ Females...	...	1	2	1	2	...	...	...	...	1	...	7	7	...	1	...	1	1	...	2
Totals .....	...	2	4	4	2	2	...	1	1	2	...	18	18	...	1	...	1	1	...	2

PULMONARY ... 61 }
NON-PULMONARY ... 18 } 79

TABLE IV.

INFANTILE MORTALITY DURING THE YEAR 1920. NETT DEATHS FROM STATED CAUSES UNDER ONE YEAR OF AGE.

DISTRICTS.	ALL CAUSES.	Small-pox.	Chicken-pox.	Measles.	Scarlet Fever.	Diphtheria & Croup.	Whooping Cough.	Diarrhœa.	Enteritis.	Tuberculous Meningitis.	Abdominal Tuberculosis.	Other Tuberculous Diseases.	Congenital Malformation.	Premature Birth.	Atrophy, Debility, and Marasmus.	Atalectasis.	Injury at Birth.	Erysipelas.	Syphilis.	Rickets.	Meningitis (not Tuberculous).	Convulsions.	Violence.	Laryngitis.	Bronchitis.	Pneumonia, all forms.	Suffocation, overlying.	Other causes.	
Godmanchester	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	Other causes.
Huntingdon Urban	3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	Suffocation, overlying.
Old Fletton	14	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Ramsey	9	..	..	no	return	return	..	1	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Ives Urban	5	..	..	..	no	return	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Neots	3	..	..	no	return	return	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total, Urban Districts Registrar Generals Return	35	..	..	..	..	..	..	1	1	..	..	..	..	..	12	..	..	..	..	1	..	..	..	..	..	1	..	..	3
Huntingdon Rural	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Ives Rural	19	..	no	return	return	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Neots Rural	13	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Norman Cross	8	..	no	return	return	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Stibbington	..	..	no	return	return	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Oundle Rural	2	..	no	return	return	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Thrapston	1	..	no	return	return	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total, Rural Districts Registrar Generals Return	56	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whole County	91	..	..	..	..	..	..	1	1	..	..	..	1	1	13	..	..	..	..	1	..	..	..	..	..	1	..	..	3

Nett Births in the Year { Legitimate, 1,190.
 Illegitimate, 99.
 Still-birth 26.

Nett Deaths in the Year { Legitimate, 84.
 Illegitimate, 7.
 Total 91.

In several cases no accurate reports were available and the Registrar Generals Return is quoted in the totals.

HOSPITAL ACCOMMODATION.

There has been a distinct improvement in Hospital accommodation in 1920. The County Hospital at Huntingdon with the assistance of the British Red Cross Society has opened a new ward for children which should be ample to meet the necessities of the area served by the Hospital. In the country districts the area from which the Hospital derives its patients is almost entirely a matter of transport either by rail or by road. In this County the northern end is served by Peterborough Infirmary, west by Kettering, the south-west and part of the south by Bedford, the east partly by Huntingdon and partly by Cambridge while the central area which has a population of about 25,000 is served almost exclusively by the County Hospital, Huntingdon,

OTHER HOSPITAL ACCOMMODATION.

The usefulness of the Huntingdon Isolation Hospital has been extended by the formation of a Joint Isolation Hospital Committee which now embraces Huntingdon Urban and Rural, St. Ives Urban and Rural, St. Neots Urban and Rural and Godmanchester Urban, which is a great advance on anything of a similar nature undertaken in the County before. The accommodation in the northern part of the County is quite inadequate and it would appear desirable to constitute a similar area there.

Accommodation for treatment of Tuberculosis will be dealt with in a special part of the Report.

SMALL POX.

Some of the districts have premises of a temporary nature which might be used for Small Pox but it is feared that if cases arose these would prove to be quite inadequate. Rather than insist on Local Authorities keeping empty Small Pox Hospitals, it would appear to be a much better scheme for a central Authority to be able to erect part-worn Hospital Marquees and tents so as to form an Isolation Camp capable of expansion to any extent and to burn them when they are no longer wanted.

WATER SUPPLY.

The Water Supply in the towns is for the most part similar to that in 1914. In Huntingdon there is a public supply belonging to the Corporation; in St. Ives, East Huntingdon Water Company supply the water; in St. Neots, the Council have a good supply from Little Barford. In Old Fletton there is a district supply from Peterborough mains; the rural districts of Great Paxton and Abbotsley have public supplies. The rest of the County relies upon private supplies and shallow wells, the majority of which are of the nature described in the 6th. Report of the Rivers Pollution Commissioners which stated that "in their experience shallow wells were almost always polluted by animal matters of the most disgusting origin". Godmanchester relies

upon shallow wells and so do all the rural districts of the County with the exception of the Fen. Ramsey town and the Fen area in general have great difficulty in obtaining water. In the town there is a pit where the water is pumped and carried about by hand; this is part of their water supply, the rest being soft water from tanks the majority of which are galvanised iron. The Fen almost entirely exists upon rain water on which the inhabitants are dependant. There seems to be no reason why Ramsey should not improve their water supply enormously and without the expensive scheme of bringing the water from Peterborough or Huntingdon. There is plenty of water about in the dykes, for example the one leading from Ramsey to St. Mary's. So long as there is water of any kind there are enormous possibilities of purifying it chemically. The armies in the field lived upon impure water purified by chemical means and many of our great towns in England, on the Continent, and America use chlorinated water and I feel confident that a chlorination plant can be put up in Ramsey with very good results and at a very small expense.

RIVERS AND STREAMS.

There has been no change in the character of the Rivers and Streams, Drainage, or Sewerage.

CLOSET ACCOMMODATION, SCAVENGING, AND SANITARY INSPECTION.

Closet accommodation, scavenging and sanitary inspection is shown in the Sanitary Inspectors' Tables which are not in certain instances as adequate as they should be.

The Table also gives information with regard to premises and occupations controlled by Byelaws which are as before.

SCHOOLS.

Certain minor improvements have been made in the sanitary arrangements but there have been no drastic changes. For the most part the schools are in keeping with the conditions existing in each particular district. Some for example have inadequate arrangements for washing but these defects are remedied without difficulty. It must be borne in mind that the sanitary arrangements of schools are of a casual nature and are not intended to take the place of the arrangements existing in the homes. Some people appear to have an idea that the school is a place where the functions of nature should be performed; this is quite contrary to what it should be. There appears to be a tendency for children to neglect their duties at home and to wait until they get to school and then make the excuse when in class. This is neither good for health, nor does it conduce to regular habits, nor for the good government of the school and it should be considered a duty of the parents to see that their children do not err in this respect.

FOOD.

The quality of food including milk is a matter under the control of the police and such action as has been taken is shown in the Report of the Chief Constable. The supply of milk to mother and child is undertaken by the County Council who exercises strict supervision as to the suitability of the applicant. No orders are issued without personal investigation of the case together with a signed statement of the parents as to their financial position and responsibility. There is no reference to meat inspection in the Chief Constable's Report and there are no public abattoirs.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

Tables II. will show the amount of infectious disease in the County in 1920. The really serious epidemic was Diphtheria of which there were 276 cases, 191 in the Urban districts and 85 in the Rural districts. This epidemic started in 1919 and was very prevalent in the central area of the County. Old Fletton and Norman Cross in the north, and St. Neots in the south had relatively few cases. It appeared to arise in Huntingdon whence it spread to St. Ives and every effort was made to discover the means by which the disease spread. There did not appear to be any reason to suspect the milk supply. When once the disease was imported into a village it appears to have spread by the Schools, Churches and places of assembly within that immediate locality; still Huntingdon seems to have been a focus from which it was originally transferred to the outlying areas. By process of exclusion one must conclude that the disease was contracted in places where people from the country-side assembled whence they carried it into their own locality and established secondary centres of infection.

SCARLET FEVER.

In the Urban districts Old Fletton had 23 cases out of 29, and Huntingdon and St. Neots Rural districts had 21 and 29 cases respectively out of 51, the total for the County being 80.

TUBERCULOSIS.

There were 76 Pulmonary and 30 Non-Pulmonary cases dealt with under separate heading.

PNEUMONIA AND INFLUENZA.

There were 69 cases but in all probability there were many more which were not notified or which were treated as bronchial catarrh,

MALARIA.

The nine cases of malaria were practically all ex-service men in whom the disease was contracted abroad and who were under the care of the Tropical Diseases Clinic, Cambridge,

The accommodation for treatment of infectious disease has been dealt with in another part of the Report.

A considerable amount of bacteriological examination has been done in the County Laboratory, 465 swabs having been examined for diphtheria but we have no figures to show the number of swabs sent by Local Authorities to Cambridge University and other Laboratories.

Antitoxin for diphtheria, for tetanus, for puerperal fever and erysipelas is available both night and day on application to the County Medical Officer, and has been extensively used. There has been no record of the vaccinations under the Small-pox Regulations 1917.

DISINFECTION.

There is a lamentable lack of facilities for disinfection of effects in the County, the usual method adopted by the Local Authorities in many instances being to burn sulphur or formalin in the room. This may possibly have some effect on superficial germs but it has been proved over and over again that it has not the power of penetration and that as far as bedding and clothing are concerned it is absolutely useless. It produces a false sense of security and its chief virtue appears to be that of making such a mess that the room has to be cleaned. With the exception of the Steam Disinfector at the Huntingdon Isolation Hospital there is no steam apparatus in the County and one is urgently needed in the north, say at Old Fletton. In order to render disinfecting stations efficient, motor transport is essential and in actual practice the whole of the work could be done at Huntingdon if a van were available. It would be a very wise move and money well spent if all the Local Authorities in the County were to approach the Committee of the Combined Isolation Hospital Area, Huntingdon and to come to some arrangement by which the Isolation Hospital could maintain a motor Ambulance which would bring the patient together with the bedding, clothing, and "soft goods" into the Hospital where the patient could be treated and the effects properly steam disinfected. It is certainly cheaper to do this than to risk secondary cases arising from the retention of infected articles in the home.

VENEREAL DISEASE.

The County scheme for treatment of venereal disease is a joint one with Cambridge and the Isle of Ely by which all patients may attend the clinic at Addenbrookes' Hospital, Cambridge, either direct or through the agency of the County Medical Officer. Six beds are paid for and retained at Addenbrookes' by Hunts County and the patient who is admitted to a bed may rest assured that absolute secrecy is maintained and that no records are kept which would in any way permit anyone to associate a patient with venereal disease. This system appears to be adequate for there are very few cases now in the County.

The local practitioners co-operate and usually send them through the County Office and not direct, the men being seen by the County Medical Officer personally and the women by the lady Assistant Med-

ical Officer. Correspondence with regard to venereal disease should be addressed to the County Medical Officer and marked "personal".

A clinic is held on Wednesday and Saturday mornings between 10 and 12 o'clock at the County Office.

There are no medical practitioners qualified to receive free supplies of salvarsan substitutes and none have been supplied. The practitioners feel that they would rather not undertake treatment of this description and prefer to hand them over to the Cambridge Specialists.

There is no question about the wisdom of this decision for the experience of the past few years has taught the medical profession that the treatment of venereal disease is one which should be undertaken by a Medical Officer specially qualified in this branch of practice.

MATERNITY AND CHILD WELFARE.

The ante-natal, infant and child welfare work, the visiting of the tuberculous, following up of defects in school children and visiting of those suffering from measles have been done by two whole-time and thirteen part-time health visitors in the County during the year. There still continues to be difficulty in obtaining good nursing and home help in some parts of rural areas. The teeth of expectant and nursing mothers are frequently found to be in a septic and decayed condition and dental assistance is urgently needed in such cases. The Ivory Cross Society has rendered assistance to many who without their help could not have afforded dentures, but there is still much work to be done.

The infants and young children of the County, with few exceptions, are well nourished and well cared for, and health visiting, especially in scattered areas, is most acceptable. However there is the inevitable minority who object to anything in the way of sanitation or social progress but with perseverance and patience even these in time become less obstinate and more willing to receive advice and guidance on the upbringing of their offspring. The mothers and grandmothers continue to show an intelligent interest in the correct feeding, clothing and care of their infants and young children, and it is gratifying to feel that they really appreciate the efforts in this direction. Dried milk is supplied free in necessitous cases but those who are able to contribute something are granted a supply according to their means. It would be very detrimental to the health of the future generations if the supply of milk were curtailed.

The cases of measles have been very carefully nursed but a few died of complications. The parents are now beginning to realize the dangers and are making efforts to prevent the spread of infection, but with mumps and whooping cough they are very careless and do not appear to appreciate the severity of these complaints.

The following up of defects in school children is acceptable to the parents as a rule, who are generally anxious to give their children every possible chance. Uncleanliness of heads and bodies is usually

due to mental deficiency on the part of parents or the vicious cycle of drink which necessitates mothers going to work at the expense of attention to home duties. The structural defects and insanitary conditions in the homes have almost invariably been attended to when brought to the knowledge of those responsible.

Visits of Whole-Time Health Visitors.

Number of visits under the Notification of Births Act.	1,706
„ „ to cases of Measles	344
„ „ „ Children under School age	2,241
Ante-Natal Visits	168
Tuberculosis Visits	177
Deaths and Stillbirths	15
Miscellaneous Visits	384

Visits of 13 Part-Time Health Visitors.

Visits Paid under the Notification of Births Act. ...	3,014
„ „ to Children under School Age	2,651
Ante-Natal Visits	1,062
Tuberculosis Visits ... ..	...
Deaths and Stillbirths	7
Miscellaneous Visits	367

OTHER SERVICES.

MENTAL DEFICIENTS.

Surveys have been made from time to time of the number of mental deficient in the County and on the amount of accommodation available. At present there is no Institution and there is no prospect of sending any more away owing to lack of accommodation. The most urgent need is that of a home for females between the ages of 15 and 50 years.

BLIND.

There are 60 cases in the County, two of whom are in Institutions, and further help is required to make the lives of a considerable number more profitable.

AMBULANCES SERVICES.

The British Red Cross Society supplied a G.M.C., Ambulance on permanent loan and it has rendered signal services. During the year this was recalled and a Ford was substituted as it was considered that it entailed less running expenses. It has done a large amount of work and according to the British Red Cross Society Report comes out at the head of the list of single car services.

TUBERCULOSIS.

This appears to be a fitting time for a review on the position with regard to tuberculosis inasmuch as the Insurance Committee ceased to function as far as treatment of tuberculosis is concerned on April 30th 1921, after having functioned since 1912. As from the 1st. of May 1921 the duties and responsibilities are transferred to the County Council. The County of Huntingdon is unlike many other Counties for, owing to the fore-sight of the Council, benefits similar to those enjoyed by insured persons were extended to the whole of the population of the County in 1912, the Council rightly arguing that what was necessary for insured persons in the home was equally necessary for the non-insured, and that it was futile from a point of view of prevention and the infection of contacts to treat one without the other.

This wise policy has amply been justified and it is unfortunate that the short-sightedness of other Authorities was enabled adversely to effect the eradication of the disease.

The general scheme which was adopted and which has obtained during the whole period is as follows :—

Cases are discovered by the following methods :—

1. Notification by general practitioners to the Local Sanitary Authority who report to the County Health Office on a weekly return.
2. Discovered in the course of routine medical Inspection of schools or brought forward as specials or ailing children in the schools.
3. Detected as contacts of a known case.
4. Those who attend the Dispensary either on their own initiative or are sent by general practitioners for further opinion.

As soon as there are reasonable grounds for the belief that the case is one of tuberculosis it is notified and classified as either an observation, early, immediate, or advanced case, and an offer of treatment is made. Treatment may take the form either of home treatment by the panel doctor with the advice and assistance of the Tuberculosis Officer or of Institutional treatment. The latter is almost invariably recommended be it only for a short time in order that the patient may avail himself of the educational advantages of a sanatorium where he is taught amongst other things how to avoid being a danger to others. This education is of great value in adult cases but in children it is not so useful because they do not realize the finer points of their treatment such as specified rest hours, and the open-air life, and it would be a step in the right direction if parents were admitted with their children for say a fortnight in order that they might better appreciate how to carry on after discharge. This is the great difficulty one has in the after treatment of children.

On leaving the Institution specified directions are given by letter and the parent is invited to attend the Dispensary at least once every two months, held at the County Health Office, Huntingdon, on Wednesday and Saturday mornings between 10 and 12 o'clock. In addition to these visits, periodical visits to the homes are paid by the Tuberculosis Officer and staff in order that their home conditions may be investigated and made suitable as possible for after treatment. Advice is given about the bedroom, windows, general conduct of the case and if circumstances permit a Shelter is provided.

In the early days the County was without a residential Institution and cases were sent away in ones and twos all over England. In some ways this was troublesome but on the other hand it had its advantages for it enabled the Tuberculosis Officer when visiting these cases to glean many points about sanatorium construction administration which was at the disposal of the County when Wyton Institution came into existence. After a time the County was able to make arrangements with Ipswich where they had 8 beds in 1917, and an agreement was entered into with Papworth by which the County Council contributed £3,000 which gave them an option of 16 beds of which number 8 were for early cases and 8 for advanced, at the same time paying a weekly maintenance charge which works out at present at 63/- per week a bed. A difficulty still arose about women and children and in June 1919 this question was solved by the opening of Wyton Hostel by the County Council, the Institution being capable of accommodating 100 patients and is primarily intended for the treatment of children although Huntingdonshire women are also admitted. It must be remembered that all institutional treatment and dispensary treatment is carried out by the County Council and that in the case of insured persons the Insurance Committee recommend cases to the Council who decide on the form of treatment necessary. There was never any legal document drawn up but the scheme has worked on a oral understanding without difficulty. Although tables are dry reading they must be introduced for statistical purposes and the following tables will give information to those who are interested. As the scheme is a comprehensive one it has been impossible to separate insured from non-insured in every classification nor is there any point to be gained by it.

Table I. shows the total number of cases notified, males and females.

- (a) The number of which were insured.
- (b) Those who received institutional treatment.
- (c) The present state of those patients who are still alive.
(When known.)

Table II. The age instances of notified cases.

Table III. The districts from which the cases were notified.

In order to comply with the instructions of the Ministry of Health the following facts are also reported.

1. Dispensary is at the County Health Office, Huntingdon, hours of attendance Wednesday and Saturday 10 to 12 a.m. Officers available. Tuberculosis Officer, Assistant Tuberculosis Officer, two Health Visitors and one Clerk.
Residential Institutions available. Papworth Colony, 16 beds for men allotted to the County, 8 advanced and 8 early. For women and children; Wyton Hostel 100 beds. Medical Superintendent. Dr. Moss-Blundell, Matron, Miss Briggs. with twelve Sisters and Nurses, thirteen domestic staff and three school teachers.
2. The co-operation of Sanitary Authorities is that the Medical Officer of Health forwards notifications made to him and that he deals with defects in the homes of the tuberculous notified through the County Health Office.
3. There is a great lack of steam disinfection and when a patient dies or is seriously ill at home there is practically no means of disinfection of the bedding and clothing.
4. There is an arrangement with Addenbrookes' institution for the treatment of surgical tuberculosis and with the Radiologist for X Ray. The School Clinic is under the County Council and co-operation is complete. There are no special arrangements to secure the co-operation of medical practitioners but they very frequently call upon the County for assistance in diagnosis and treatment. Periodical reports on insured persons are practically non-existent.
5. Doubtful cases are kept under observation and either attend the Dispensary or are visited at home as often as is considered desirable. Sputum is examined in every case possible and if reasonable grounds for suspicion exist, patients are admitted to Sanatoria as observation cases.
6. The examination and supervision of home contacts is done as far as time will allow but a great deal could with advantage be done in this direction.
7. It is not understood what constitutes special methods of diagnosis and treatment. X Rays and the Bacteriological Laboratory are used in the ordinary way.
8. No observations.
9. Dental treatment of a very small extent is undertaken in the Childrens' Sanatorium at Wyton and there is urgent need of considerable extension in this direction.
10. No nursing is arranged other than that in force in the district but extra nourishment is provided in necessitous cases after enquiry and after being satisfied that the case is really one in need of it and cannot afford it.

11. Non-pulmonary tuberculosis is sent to an approved Hospital for operative treatment and is transferred to a sanatorium for convalescence. Surgical apparatus is provided when necessary and is regarded in the same light as provision of drugs or other necessities.
12. There is no systematic care or after-care provision by local voluntary bodies other than the Pensions Committee but the best thing to do is to enlist the interest of some local person who has an inclination to be benevolent.
13. There are no local arrangements for finding employment although work has been found in many instances by the personal and individual efforts of the staff.
14. Shelters are supplied when considered necessary. There are 13 in the County all of which are being used.

CONCLUSIONS.

Statistical reports are usually very dry reading and mere figures convey little to the public. Now that things have commenced to settle down after the upheaval of the past few years it would appear desirable to review what has happened and to consider in what direction our efforts should lie in the future. The duties of the Public Health Department of the State (which are administered in the County by the County Council and Local Authorities) may briefly be described as those of endeavouring to assure for every citizen a long and healthy life.

To what extent this has been effected in the last fifty years may be judged from the fact that from 1871 to 1910 the average expectation of life varied between 41 and 44 years whereas between 1911 and 1920 it has risen to 51·1. This increase of the expectation of life is almost entirely due to lives saved by the reduction of infant mortality by the agency of Health Visitors, Infant Clinics, and the supply of nourishment to expectant mothers and infants in necessitous cases. In addition, lives have been saved by effective isolation, treatment and prevention of certain infectious diseases such as typhoid fever, the deaths of which have fallen from about 8,000 in the seventies to 500 in 1920 despite the fact that the population has increased enormously. In other infectious diseases such as Scarlet Fever and Diphtheria a great saving of life has been effected, though in measles and whooping cough the results have not been so satisfactory. The death-rate in the fifties was approximately 37 per thousand whereas in 1920 it was 12·4. It is interesting to note that the expectation of life of a man of 70 has not decreased which points to the fact that the saving of life has been effected among the young. There has been no diminution among elderly people from Cancer but when medical science can effect a cure or discover the cause of this disease it is probable that the expectation of life of the elderly will be increased.

TUBERCULOSIS.

Statistics show a steady fall for fifty years despite the rising population for one must not forget that in the seventies the population was 23 millions, in 1911 about 38 millions, and that diseases from all causes have actually decreased despite the rising population.

The deaths from all forms of Tuberculosis were roughly as follows:—

		Mortality per million.
1912	38,000	
1913	37,000	
1914	38,000	1347
1915	41,000	
1916	41,000	
1917	43,000	
1918	46,000	1924
1919	36,000	1261
1920	33,000	

In 1914 we had no beds and now we have over 100 which compares very favourably with the figures for all England which in 1914 was 0.25 bed per thousand, and in 1920 was 0.47 whereas Huntingdonshire is 2.00.

It will be observed that the deaths from Tuberculosis show a steady fall until 1913 when they proceeded to rise to the maximum of 46,000 in 1918. This rise during the War appears to be due to several causes, amongst which may be mentioned long hours of work at high pressure, the fact that persons particularly women were working at trades for which they were physically unsuitable, the devitalising effect of the mental strain on the population at home, overcrowding in many cases, and lastly and probably the chief cause the lack of certain essential food-stuffs such as fats and sugar in the diet of the people. It is interesting to note that in 1919 the tuberculosis deaths fell to a figure below that of 1913, that of 1920 maintains the improvement. During the last two years we are still suffering from the effects of gas and quite an appreciable portion of tuberculosis in our ex-soldiers appear to be due to this cause but despite this fact the number of cases in the population as a whole has decreased on the freeing of the seas and on the liberation of the necessary food-stuffs. As the health of the nation depends upon the enjoyment of a healthy home, good food and suitable occupation it necessarily follows that in order to preserve the national health one must have a living wage otherwise neither the food or the home will be forthcoming. During waves of unemployment and industrial depression the sickness rate rises enormously. One man out of five has been on the unemployment list and whatever ones' opinions may be as to unemployment pay one cannot shut ones' eyes to the fact that if there had been no such institution, sickness, infant mortality and tuberculosis would have increased and what was not spent on the dole would necessarily have been expended on increased charges for the treatment of tuberculosis and in a loss of child life which sentimentally we deplore and which as a State we can ill afford.

The Birth-rate has risen since the War from 17·7 to 25·4 and in Huntingdonshire the number of babies born during 1919 and 1920 was 2,154. It is false economy to produce children and to allow them to die for on the expectation of life every child which dies in infancy implies a loss of 35 years of useful work. A farmer who is unfortunate enough to lose his young stock through accident or disease feels the loss very keenly. How much the more should we as a State regret the loss of our young stock so vastly more valuable than mere cattle!

So much has been said in favour of unemployment pay, at any rate as a temporary measure, to tide over the state of uncertainty after the War until things settle down, but one point appears to have been overlooked and that is the "rational occupation" mentioned above.

No man or woman enjoys working for nothing or at an inadequate wage and these very people would be the first to complain about paying something and getting nothing in return. It seems a pity that those in receipt of unemployment pay should not do something for their money and it would certainly raise their self-respect to feel that they had earned it rather than it was given them so that if each able-bodied man in receipt of unemployment pay would do some useful work we might feel the money had been expended to some useful purpose and that the public in general would have received something in return.

At the present moment we are faced with the prospect of a very lean financial year and we must cut our coat according to our cloth. The services particularly administered by the County Council are Maternity and Child Welfare, Medical Inspection, Tuberculosis, Mental Deficiency and Venereal Disease and it is for the Council to decide how to expend the sums of money at their disposal to the best advantage. From the facts enunciated above it would appear desirable that every possible effort be made to further the interest of the mother and young child. This can be done through the agencies of the County Health Visitors, County Nursing and Local Nursing Associations, and Infants Clinics both Voluntary and State aided. There appears to be a likelihood of the free grant for the supply of extra nourishment being considerably curtailed in the future which is deplorable for so much depends upon milk. If the grant is cut down this will have to be obtained by some other means and it is hoped that voluntary agencies will step in and fill the gap. The British Red Cross Society have decided upon a policy directing many of their efforts in this direction and this Society in co-operation with the Womens Institutes would be able to do a great deal of good, partly because they have the organization already formed and partly because it is quite unlikely that the Womens Institutes would be taken in by any undeserving cases.

The provision of Maternity bags is another service which can with advantage be undertaken.

MEDICAL INSPECTION.

Medical inspection was introduced some thirteen years ago and consists of the routine inspection of all children, (1) on entering the school, (2) at the age of eight and (3) some months before leaving.

When the work of Medical Inspection was started no one knew what we were likely to find and the proportion of children which we were likely to find defective. After several years we discovered that the two great defects were bad teeth and amongst the girls verminous heads. It may be heresy for me to state that in my humble opinion the routine examination of all children at the present juncture is unnecessary and if we have only a limited sum of money to expend on the services of Medical Officers their time might be better employed. It seems obvious whenever there is anything radically wrong with a child the person most likely to notice it are the parents and the teachers who are sufficiently intelligent to be able to diagnosis obvious cases of defects of vision, mouth breathers and the like. Too much stress cannot be laid upon the importance of examination of ailing children or those suffering from some defect and no stone should be left unturned to secure the best treatment available for such cases. At the present moment an enormous amount of time is wasted examining children in whom nothing is found and taking no active steps to remedy those who are found to be defective when examined as "specials" outside routine examination; the system may be compared to that of working a poor mine when the amount of gold obtained does not pay the working expenses.

I do not say that the Education (Administration Premium) Act 1907 has been a failure but that it has to a great extent outstayed its welcome and that the time has now arrived in which we are able to judge its good and its bad points. Others in high places may not agree with me but the time appears to have arrived when routine examination might with advantage be curtailed and our efforts concentrated on a diagnosis and treatment of obviously defective children. As a suggestion certain School Nurses might be specially trained to make a preliminary survey of all routine cases and to select certain cases for the Medical Officer.

The question of teeth is one for a Dental Officer and it is absolute waste of time to examine thousands of childrens teeth, chart them, record them and send out notices to parents to have the defects remedied when practically none of them have either the means nor the opportunity of having matters put right. If we intend seriously to undertake dental treatment, then we must have a School Dentist. Verminous heads are not a matter for a Medical Officer except in exceptional cases when general health is suffering and inspection of heads should be carried out by School Nurses whose services are less valuable than that of a qualified doctor who can be better employed in other work.

TUBERCULOSIS.

The prevention of tuberculosis depends upon several factors, the isolation and education of the sufferers, the supervision of early cases

more especially contacts either at home or at work and the provision of suitable home conditions including food. Institutional treatment is amply provided in this county, in fact perhaps no county in England is as well off in as much as no patient is ever refused admission and beds are always available. The early diagnosis of contacts is done as efficiently as time permits. If it were done as thoroughly as one would desire it would mean that we would have to secure the services of another Medical Officer but a great deal more might be done by the present staff were it not for the fact that so much time is taken up by routine medical inspection of school children. The home conditions have improved considerably in many cases owing to the provision of more houses but unfortunately the housing scheme has not helped the people to the extent one would expect it for the rents are so high that those who have small incomes cannot afford to live in them and if they paid 9/- or 10/- per week rent there would be no money for food and they prefer to have food instead of the good home conditions. Our chief weapon against tuberculosis is the food supply. Every effort should be made to obtain milk for infants and meat and fat for young children. It is absolutely essential that young children have quantities of meat.

The infant cannot be accused of being a vegetarian in its first few months, in fact the whole of its meals are obtained from animal sources, and the growing child has three accounts to meet (1) maintenance, (2) work, (3) development, for which it requires a generous supply of requisite food in the form of meat by which it will develop sound bone and muscle, and the greatest boon that can be conferred upon to maintain it is a supply of good meat, beef, mutton and bacon. As one grows older the amount of meat taken may be lessened but for the growing child it is essential.

VENEREAL DISEASE.

This disease is fortunately rare in the County; we have very few cases and there has been little money spent on it and I do not think that any expansion of these services is necessary. When munitions were made in the County and strange people came from the large towns there was a great deal of it but it is now practically non-existent.

MENTAL DEFICIENCY.

There is a number of mental deficient in the County but I do not think that with the limited funds at our disposal it is advisable to spend money in attempting to make a silk purse out of a sow's ear.

The mental deficient is a life long charge on the community and the great danger is that of the female mentally deficient of a lower grade who has no self-control nor knowledge of right from wrong and very frequently has illegitimate children which simply perpetuates the evil. Failing other methods, it would appear to be the better plan to lock up mentally deficient women between the ages of 15 and 50 years.

SUMMARY OF SANITARY INSPECTOR'S REPORT.

						TOTALS.
L.G.B., Genl. Order, 13th.						
Dec. 1910. Art. XX., 16.	No. of inspections.	...	...	...	...	606
Complaints....	No. received.	...	...	...	...	8
Premises, Houses, etc.	No. inspected.	...	...	...	...	2,905
	Nuisance abated.	...	...	...	...	53
Pool, Ditch, Gutter, and Watercourse.	No. inspected.	...	...	...	...	5
Privy, Urinal, Cesspool, and Ashpit.	No. inspected.	...	...	...	...	97
	Nuisance abated.	...	...	...	...	6
Drain, Drain-traps, etc.	No. inspected.	...	...	...	...	203
	Nuisance abated.	...	...	...	...	78
Offensive accumulations.	No. inspected.	...	...	...	...	39
	Nuisance abated.	...	...	...	...	38
Other insanitary conditions.	No. inspected.	...	...	...	...	17
	Nuisance abated.	...	...	...	...	17
Slaughter Houses.	No. of inspections.	...	...	...	...	300
Dairymen, Cowkeepers, (milk sellers)	No. inspections of premises.	...	...	...	...	42
Dairymen, Cowkeepers. (Butter & cheese makers).	No. inspections of premises.	...	...	...	...	14
Offensive Trades.	No. of inspections	...	...	...	...	3
Infectious Diseases.	No. of inspections	...	...	...	...	367
Privy Middens.	No. of inspections	...	...	...	...	43
Pail and Earth Closets.	New provided.	...	...	...	...	12
Ashbins repaired	...	...	...	...	...	9
Housing etc., Act, 1909.	No. of inspections	...	...	...	...	168

SLAUGHTER HOUSES.

	In 1914.	In January 1920.	In December 1920.
Registered:-	35	34	34
Licensed	11	11	11
	<hr/> 46	<hr/> 45	<hr/> 45

TABLE I.
PULMONARY

		A	B		C		
DATE	TOTAL	Insured	Institu- tional treatment.	Well	Alive but in feeble health.	Left District.	Unable to trace.
1912	78	27	10	8	16	11	9
1913	123	50	35	22	19	15	18
1914	90	41	33	15	14	10	8
1915	91	48	21	10	6	11	16
1916	54	33	19	9	9	3	4
1917	87	36	23	17	14	12	9
1918	82	28	23	18	17	8	6
1919	88	38	59	24	18	7	5
1920	112	32	7	46	29	8	7
Up to April 30th. 1921	40	6	35	19	16	2	...

TABLE 1.
NON-PULMONARY.

		A	B		C		
DATE	TOTAL	Insured	Institu- tional treatment.	Well	Alive but in feeble health.	Left District.	Unable to trace.
1912	...	...	...	...	...	...	...
1913	23	7	...	5	3	4	9
1914	16	5	...	2	2	5	3
1915	21	3	...	6	2	2	4
1916	25	11	1	8	3	2	2
1917	47	14	7	14	10	7	6
1918	46	11	5	9	18	6	10
1919	42	15	8	9	15	3	4
1920	20	6	7	6	7	1	1
Up to April 30th. 1921	6	...	1	1	2	...	...

TABLE II.
PULMONARY.

NOTIFICATIONS.														DEATHS.											
DATE	AT ALL AGES	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	AT ALL AGES	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	
1912	78	...	...	5	4	8	6	11	18	9	8	9	34	...	...	1	1	3	4	4	7	7	4	3
1913	123	...	11	10	10	18	20	19	20	5	4	6	49	...	2	1	4	7	4	10	10	6	2	3	
1914	90	2	6	13	5	11	8	13	11	11	4	6	43	...	...	4	1	5	5	8	8	6	4	2
1915	91	1	3	6	13	6	13	16	15	8	5	5	48	...	...	1	2	6	6	10	11	7	2	3
1916	54	...	...	7	5	8	10	11	7	5	...	1	29	...	...	...	1	7	4	10	4	2	...	1
1917	87	...	2	8	5	14	9	22	9	14	3	1	35	...	...	1	1	9	4	6	7	6	1	1
1918	82	...	1	2	11	5	16	24	13	6	3	1	33	...	...	...	4	4	10	7	4	2	2	...
1919	88	...	1	12	11	9	14	16	11	9	3	2	34	...	...	...	3	6	9	5	4	5	1	1
1920	112	1	2	17	24	13	13	24	9	4	1	4	22	...	1	1	...	6	4	5	2	2	...	1	
Up to April 30th. 1921	40	1	1	14	9	4	2	4	2	2	...	1	3	...	...	...	...	...	...	2	1	...	...	...

TABLE II.
NON-PULMONARY.

DATE	NOTIFICATIONS.										DEATHS.					
	AT ALL AGES	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up-wards	55 to 65	45 to 55	35 to 45	25 to 35
1912	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1913	23	...	3	5	2	3	...	4	3	2	1	...	...	...	...	...
1914	16	2	2	3	...	5	2	...	2	...	...	...	...	...	1	...
1915	21	...	6	3	1	3	2	...	4	2	...	...	...	2	1	...
1916	25	...	3	1	5	8	2	6	...	...	...	...	...	...	...	2
1917	47	1	8	11	9	8	4	3	1	2	...	...	...	1	...	...
1918	46	...	12	6	10	8	3	2	2	2	1	...	...	...	1	...
1919	42	1	4	6	6	7	5	7	1	2	1	2	1	...	1	1
1920	20	...	2	5	2	4	3	...	...	1	3	...	1	1	...	...
Up to April 30th. 1921	6	...	2	2	...	...	...	...	1	...	1	...	...	...	...	1

TABLE III. **PULMONARY.**
URBAN. RURAL.

Date.	All Districts	Godmanchester	Huntingdon	Old Fletton	Ramsey	St. Ives	St. Neots	Huntingdon	St. Ives	St. Neots	Norman Cross	Stibbington	Oundle	Thrapston
1912	78	2	5	19	7	4	6	4	3	6	19	1	1	1
1913	123	8	4	12	10	6	7	10	18	14	30	1	3	...
1914	90	2	9	7	1	2	12	6	15	6	28	1	1	...
1915	91	5	10	12	12	2	2	7	16	10	14	...	1	...
1916	54	3	5	2	3	3	8	7	9	6	8	...	...	...
1917	87	5	12	8	7	4	7	9	15	3	16	...	1	...
1918	82	7	7	8	11	2	7	8	7	6	18	...	1	...
1919	88	4	12	10	8	7	4	12	9	5	15	...	2	...
1920	112	7	12	6	8	7	9	11	19	7	20	1	5	...
Up to April 30 th. 1921	40	1	7	4	1	1	...	4	5	3	12	1	1	...

TABLE III. **NON-PULMONARY.**
URBAN. RURAL.

1912	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1913	23	1	...	4	...	...	4	1	6	3	4	...	...	...
1914	16	...	4	...	...	...	1	3	2	1	5	...	...	...
1915	21	1	...	3	1	...	1	3	6	3	3	...	...	...
1916	25	1	5	3	2	1	1	1	5	1	5	...	...	...
1917	47	4	5	5	6	4	3	6	7	5	1	...	...	1
1918	46	3	2	12	2	1	4	1	10	5	5	...	...	1
1919	42	...	1	9	11	5	2	1	4	3	4	1	...	1
1920	20	1	2	3	1	...	3	1	4	2	2	...	1	...
Up to April 30 th. 1921	6	...	1	2	2	...	...	...	...	...	1	...	...	...

HOUSING CONDITIONS.

YEAR ENDED 31st. DECEMBER 1920.

(1). Estimated population.	...	...	...	53,788
(2). General death-rate ...	...	...	...	13.09
(3). Death-rate from tuberculosis.	...	...	...	1.05
(4). Infantile mortality. ...	...	...	...	70.6
(5). Number of dwelling-houses of all classes.	...			9,200
(6). Number of working-class dwelling-houses.	...			6,059
(7). Number of new working-class houses erected,	...	...	...	41

UNFIT DWELLING-HOUSES.

I. INSPECTION.

(1). Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts).	...	...	...	515
(2). Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910.	...	...	...	255
(3). Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	...	...	...	33
(4). Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably unfit for human habitation.				39

II. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	57
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III. ACTION UNDER STATUTORY POWERS.

A. Proceedings under section 28 of the Housing, Town Planning &c. Act, 1919.

(1). Number of dwelling-houses in respect of which notices were served requiring repairs...	...	...	...	48
(2). Number of dwelling-houses which were rendered fit:-				
(a) by owners.	...	...	...	23
(b) by Local Authority in default of owners	...			4

- (3). Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close. ... —

B. Proceedings under Public Health Acts.

- (1). Number of dwelling-houses in respect of which notices were served requiring defects to be remedied. ... 20
- (2). Number of dwelling-houses in which defects were remedied.
- (a) by owners ... 20
- (b) by Local Authority in default of owners ... —

C. Proceedings under sections 17 and 18 of the Housing, Town Planning &c. Act, 1909.

- (1). Number of representations made with a view to the making of Closing Orders. ... 5
- (2). Number of dwelling-houses in respect of which Closing Orders were made... ... 2
- (3). Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit. ... —
- (4). Number of dwelling-houses in respect of which Demolition Orders were made ... —

UNHEALTHY AREAS.

Areas represented to the Local Authority with a view to Improvement Schemes under (a) Part I or (b) Part II of the Act, 1890.

- (1). Name of area ... —
- (2). Acreage ... —
- (3). Number of working-class houses in area. ... —
- (4). Number of working-class persons to be displaced... —
4. Number of houses not complying with the building byelaws erected with consent of Local Authority under section 25 of the Housing, Town &c. Act, 1919. ... —